## PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: Mail  MAR 1 0 2006				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450		
\2	ر بع		or Fax	(571) 273-2885	uired) Blocks I through 5	should be completed where
appropriate. All humber cor indicated unless contested maintenance fee notification	respectation or directed otherwise	Patent, advance of in Block 1, by (a	rders and notificat  a) specifying a nev	ion of maintenance fees v correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	t correspondence address as arate "FEE ADDRESS" for
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JAMES J. GELP: 916 RICHARD ST GRETNA, LA 700 03/13/2006 MAHMED2 000000		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
1 FC:2501 700.00 QP				(Depositor's name)		
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APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/710,992	10/710,992 08/16/2004 James .		James Joseph Ge	lpi JR.		5345
TITLE OF INVENTION: IN	I-LINE STRAP WRENCH					
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	)	\$300	\$1000	05/01/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
MEISLIN, DEBRA S		3723		081-064000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
(A) NAME OF ASSIGN	an assignee is identified bing 137 CFR 3.11. Completion	elow, no assignee of this form is NO (E	data will appear of a substitute for fi	n the patent. If an assig ling an assignment. CITY and STATE OR CO	·	
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Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
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	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applicant is	s no longer claiming SMA	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).
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Authorized Signature	JAMES 16	Edi J	<del>2</del>	Date	MARCH 02,	2006
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